

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012069

STATE FILE NUMBER

FILED MAR 31 1959

360

Primary Registration District No. 3076

Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>VERNON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Harwood</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>Harwood</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANKLIN LANE Goss</u>		4. DATE OF DEATH Month Day Year <u>MAR. 16 1959</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR. 23, 1876</u>
9. AGE (In years last birthday) <u>82</u>		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General Farming</u>	
11. BIRTHPLACE (City and state or country) <u>Bellevue Ind.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Lacius Goss</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Harmless</u>	
14. NAME OF HUSBAND OR WIFE <u>MRS. Claude Smith Harwood</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS. Claude Smith Harwood</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: <u>Dehydration and malnutrition</u> IMMEDIATE CAUSE (a) DUE TO (b) <u>Senile deterioration</u> DUE TO (c) <u>Generalized arteriosclerosis</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		INTERVAL BETWEEN ONSET AND DEATH <u>4500</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>9-26-58</u> to <u>3-16-59</u> and last saw <u>him</u> alive on <u>3-16-59</u> Death occurred at <u>Nevada, Mo. 3/16/59 - 10:55 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE <u>Robert L. Magee, M.D.</u> ADDRESS <u>111 1/2 West Spring Street</u> DATE SIGNED <u>3-24-59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>MAR. 19, 1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Harwood</u>		23d. LOCATION (City, town, or country) (State) <u>Harwood Mo</u>	
24. FUNERAL DIRECTOR <u>Youngman</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Anna E. Jurey</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jurey</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.
working under my personal supervision.

Student
Signature of Student Embalmer

Signed

Licensed Embalmer No. 4872

P. O. Address Perada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.